Edgar Filing: State Auto Financial CORP - Form 4

| Form 4 | nancial CORP | | | | | | | | | |
|---|---|---|---|-------------|---|--|--|------------------------|--|--|
| Check this box if no longer subject to SECURITIES Section 16. SECURITIES | | | | | | | | | 3235-0287 January 31, 2005 average irs per | |
| (Print or Type Responses) 1. Name and Address of Reporting Person[*] DUEMEY JAMES E 2. Issuer Name and Ticker or Trading Symbol State Auto Financial CORP [STFC] 5. Relationship of Reporting Person(s) to Issuer | | | | | | | | | | |
| (Last) 518 E. BRO | (First) (M AD STREET | ddle) 3. Date of Earliest Transaction (Month/Day/Year) 12/14/2007 | | | | - | (Check all applicable) <u>X</u> Director 10% Owner <u>X</u> Officer (give title Other (specify below) Vice President | | | |
| COLUMBU | endment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) (A | Zip) Tabl | le I - Non-D | erivative S | ecuriti | ies Acc | uired, Disposed o | f, or Beneficial | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if any | 3. 4. Securities e, if TransactionAcquired (A) or Code Disposed of (D) Year) (Instr. 8) (Instr. 3, 4 and 5) (A) | |) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | | |
| Common Shares without par value | 12/14/2007 | | | Amount 5 | | Price \$ 0 | (Instr. 3 and 4) 16,055.031 (1) | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date | Amou Unde Secur | le and unt of rlying rities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Ownd Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-----------------------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Rela | tionships | | | | |
|--|----------------------------------|------|----------------|-------|--|--|--|
| | Director 10% Owner Officer Other | | Officer | Other | | | |
| DUEMEY JAMES E 518 E. BROAD STREET COLUMBUS, OH 43215 | | | Vice President | | | | |
| Signatures | | | | | | | |
| James E. Duemey by James A. Yano, attorney in fact pursuant to POA filed with 01/0 | | | | | | | |

Commission 8-17-07.

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Includes indirect holdings by spouse of 2,040 shares and 500 shares jointly owned with spouse. Also includes the following acquisitions: 4.996 shares acquired in September 2007 and 6.973 shares acquired in December 2007 under the dividend reinvestment feature of the

 STFC Employee Stock Purchase Plan; and 0.053 shares acquired in September 2007 and 0.058 shares acquired in December 2007 under the STFC Dividend Reinvestment Plan; 272.173 shares acquired in November 2007 through the State Auto Financial Corporation Employee Stock Purchase Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date